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VIA FACSIMILE: (571) 273-8300PATENT
BAY01 P-100

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group : 3725
Examiner : Shelley M. Scif
Applicant : Dale R. Peterson
Serial No. : 10/669,109
Filing Date : September 23, 2003
For : DISC-TYPE STUMP GRINDER

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Via Facsimile: (571) 273-8300

Dear Madam:

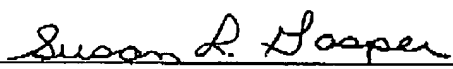
CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office on the date shown below:

1. Claims As Amended Transmittal Sheet (1 page, in duplicate)
2. Response (13 pages)

YOU SHOULD RECEIVE A TOTAL OF 16 PAGES.

Date: November 21, 2005


Susan L. Gasper
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TAF/stg

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Group Art Unit : 3725
Examiner : Shelley M. Self

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P.O. Box 1450
Alexandria, VA 22313-1450
Via Facsimile: 571-273-8300

Dear Madam:

Transmitted herewith is an amendment in the above identified application.
The fee has been calculated as shown below:

Col. 1			Col. 2		Col. 3	Small Entity	Other Than Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	* 31	Minus	** 45	= 0	x \$25	\$.00	x \$50	\$.00
Independent Claims	* 6	Minus	*** 4	= 2	x \$100	\$.00	x \$200	\$200.00
First Presentation of Multiple Dependent Claims					\$180	\$.00	x \$360	\$.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$.00		\$200.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
 The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. ☒ Small entity status of this application has been established.
2. ☐ No additional Fee is required.
3. ☐ A check in the amount of \$_____ is attached.
4. ☒ Please charge the fees noted above and any additional fees or credit overpayment to Deposit Account No. 22-0190. A duplicate copy of this sheet is attached.

VAN DYKE, GARDNER, LINN & BURKHART, LLP

Date: November 21, 2005

By Timothy A. Flory
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